Schedule E)	PAGE 1 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report	Amends report filed on
Full Name of Payee Rodney O Culbreath	Date of Public Distribution/Dissemination
	09 09 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Co	Code 70.00
Winchester VA 22602	02 Transaction ID : a1c08ce4-7691-42ec-a Date of Disbursement or Obligation
	tegory/ Type 001 09 09 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 293124.	Disbursement For: ☐ Primary ☐ General 24.02 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	09 / 09 / 2014
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	
City State Zip Co Winchester VA 22602	
	tegory/ Type 001 09 09 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 293	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically F	Filed] Date 09 11 2014

Schedule E)		PAGE 2 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report fil	ed on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Rze Culbreath		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	60.00
Winchester VA	22602	Transaction ID : 32b31ca0-0b16-406b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	293124.02 Dis 20°	sbursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
Eric J Smith		M M / D D / Y Y Y Y
Mailing Address 4967 Dysartville		09 09 2014
4001 Dysaltvillo		Amount
City State	Zip Code	80.00
Morganton NC	28655	Transaction ID: 9033432c-fa34-42c2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expendir with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Ele	ectronically Filed] Date	09 11 2014
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JENT EXILITE	TIONES	PAGE 3 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartsville Rd			09 09 2014
			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: 55e6c033-3ad4-4f80-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	7.50
Morganton	NC	28655	Transaction ID: 31a9ec60-304a-436b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
() OUDTOTH ()			
(a) SUBTOTAL of Itemized Independent Exper	naitures		87.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 11 2014
3			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TI EXI EITB	ITORES		PAGE 4 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Sharon t Craig			09	09 / 2014
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		35.00
Lenoir	NC	28645		ID: 4f1671a0-fb80-45a6-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	:	293124.02	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	_		Date of Publi	ic Distribution/Dissemination
Sharon t Craig			09	09 / 2014
Mailing Address 1410 Bushville Dr			Amount	
City	State	Zip Code		10.50
Lenoir	NC	28645		D: 76ef4a3c-8faf-4962-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	293124.02	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			45.50
			-	7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· >	7
(c) TOTAL Independent Expenditures			•	4 1 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 11	2014

Sched	ule E)	. EXI EIID			PAGE 5 OF 75 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full I	Name of Payee			Data	of Dublic Dictribution/Discomination
Sh	aron t Craig				of Public Distribution/Dissemination O9
Maili	ng Address 1410 Bushville Dr			Amou	nt
City		State	Zip Code		35.00
Lend		NC	28645		action ID : ad35b159-4a58-4141-8 of Disbursement or Obligation
Purp Sala	ose of Expenditure rry		Category/ Type 001	M	09 / 09 / 2014
Nam	e of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		93124.02	Disbursemen 2014 O	t For:
	Name of Payee			Date	of Public Distribution/Dissemination
Sh	aron t Craig			TV	09 09 2014
Maili	ng Address 1410 Bushville Dr				00 100 2011
				Amou	nt
City		State	Zip Code		10.50
Len		NC	28645	Transa Date	oction ID : 7c549914-e155-4a6a-b of Disbursement or Obligation
Mile	ose of Expenditure age		Category/ Type 002	N	09 / 09 / 2014
Nam	e of Federal Candidate		Support	Office Sough	it: House District:00
Ms.	Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	293124.02	Disbursemen 2014	nt For:
(a) SI	JBTOTAL of Itemized Independent Expenditure	s		•	45.50
(b) SI	JBTOTAL of Unitemized Independent Expenditu	ures			7 7 7 7
(c) T(OTAL Independent Expenditures			•	7
with, c	penalty of perjury I certify that the independe or at the request or suggestion of, any candidat committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	11 2014
Sig	nature		_		

Schedule E)	11 = 11 = 11 =	1101120				PAGE 6 OF	75 24/48
	MMITTEE (In Full)					FEC II	DENTIFICATION NUM	
Women S	peak Out PAC						C00530766	
Check if 2	4-hour report X 48-hour report	New rep	oort Ame	ends repo	rt filed on	M = M /	D D / Y Y	YYY
Full Name Mark M					Date	e of Public	c Distribution/Dissemi	nation
	dress 11 Cooper Lane					09	09 20	
					AIII	ount		
City		State	Zip Code					45.00
Conway		AR	72034				ID: 74eed6e7-cffe-43 ursement or Obligation	
Purpose of Salary	Expenditure		Category/ Type	001		M M 09		14 Y
Name of F	ederal Candidate		s	upport	Office Sou	aht:	House District:	00
Mr. Mark L	Pryor			ppose			X Senate State:	AR
	dar Year-To-Date ection for Office Sought	, , ,	83858.93		Disbursem 2014	ent For: Other (sp		General
Full Name					Dat		c Distribution/Dissemi	nation
Mark M	cNaır					M M M 09		14
Mailing Ad	dress 11 Cooper Lane				Am	ount		
City Conway		State AR	Zip Code 72034		Tran	saction II	D : 1d308a72-f59d-4c	7.80 67-9
Purpose of	Expenditure		Category/		Dat	e of Disbu	ursement or Obligation	1
Mileage	<u> </u>		Type	002		09	09 20	
	ederal Candidate		S	upport	Office Sou	ight:	House District:	00
Mr. Mark L	Pryor		X	ppose	Pres	sident	Senate State:	_AR
	dar Year-To-Date ection for Office Sought	7	83858.93		Disbursem 2014	ent For: Other (sp		General
(a) SUBTO	TAL of Itemized Independent Expenditure	res			•	-7-	52	.80
(b) SUBTO	TAL of Unitemized Independent Expend	itures						-
(c) TOTAL	ndependent Expenditures				· -			
with, or at the	ty of perjury I certify that the independ the request or suggestion of, any candid ttee) any political party committee or its	late or authorized						
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	M M M 09	/	2014	
Signature			_					

Sch	nedule E)	L/(1 L. (12)	101120				PAGE 7 FOR SE OF FOR	OF 75 RM 24/48	
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION N		$\overline{}$
W	omen Speak Out PAC						C00530766		1
Che	ck if 24-hour report X 48-hour report	X New repo	ort Ame	ends repo	rt filed on	M = M /	D D / Y	YYY	1
_				,					4
	Full Name of Payee Lorri Anderson					of Public	Distribution/Diss	emination 2014	1
	Mailing Address 7214 Duchamp Dr				Amo	unt			_
-	City Si	State	Zip Code					45.00	
	Charlotte	NC	23215				ID: 0bc7d522-c3f		-
	Purpose of Expenditure Salary		Category/ Type	001] [M	09 / Y	2014]
I	Name of Federal Candidate		s	upport	Office Soug	ht:	House Distr	rict: 00	
	Ms. Kay Hagan)ppose	Presid			ate: NC	_
	Calendar Year-To-Date Per Election for Office Sought	2	293124.02		Disburseme	nt For: Other (sp		X Genera	I
	Full Name of Payee Lorri Anderson				Date	of Publi	c Distribution/Diss		
-	Mailian Address				[09	09	2014	
	Mailing Address 7214 Duchamp Dr				Amo	unt			
-	City	State	Zip Code					9.90	
		NC	23215		Trans Date	of Disbu	D: 052fd33b-269e ursement or Oblig	e-403f-a ation	
	Purpose of Expenditure Mileage		Category/ Type	002] [^M 09	09	2014]
	Name of Federal Candidate		S	Support	Office Soug	jht:	House Dist	rict:00	_
Ĺ	Ms. Kay Hagan		X	Oppose	Presid	dent	X Senate Sta	ate: NC	_
	Calendar Year-To-Date Per Election for Office Sought		293124.02		Disburseme	ent For: Other (sp		X Genera	.l
									_
(a	a) SUBTOTAL of Itemized Independent Expenditures				•	7	7	54.90	
(k	b) SUBTOTAL of Unitemized Independent Expenditures	s			•				
(0	c) TOTAL Independent Expenditures				•	-	1 7]
W	Inder penalty of perjury I certify that the independent of the vith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized							
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M /	D = D 11	2014	Y	
	Signature		_					_	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI END	ITORES	PAGI FOR	E 8 OF 75 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C0053	30766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee Tammay Williams			Date of Public Distr	ibution/Dissemination
Mailing Address 924 N. Prieur St			09 C	9 2014
			7 tillount	
City New Orleans	State LA	Zip Code 70116		80.00 2660f0-38b2-42bd-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disburseme	
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Mary L Landrieu		X Oppose		nate State: LA
Calendar Year-To-Date Per Election for Office Sought		113528.87	Disbursement For: I 2014 Other (specify)	Primary General
Full Name of Payee			Date of Public Distr	ribution/Dissemination
Tammay Williams				09 / 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		15.00
New Orleans	LA	70116	Transaction ID : fea Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002		09 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Mary L Landrieu		X Oppose	President X Se	
Calendar Year-To-Date Per Election for Office Sought	, ,	113528.87	Disbursement For: 2014 Other (specify)	Primary ∑ General ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		.	95.00
/b) CURTOTAL of Unitamized Independent Company	on diturno			4 4
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7
(c) TOTAL Independent Expenditures			>	49. 45.
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / 11	2014
- 3				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 9 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D = D / Y = Y = Y
Full Name of Payee Antoinette Franklin	Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St	09 09 2014 Amount
City State Zip Code	40.00
New Orleans LA 70188	Transaction ID: 89f7f0c3-1f09-4239-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Regina R Mouton	Date of Public Distribution/Dissemination
Mailing Address 5827 Brighton Pl	09 09 2014 Amount
City State Zip Code New Orleans LA 70131	30.00 Transaction ID: 2562c992-e72d-4da5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 09 / Y 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	9 11 2014

Schedule E)	11 =/(= (= (= (= (= (= (= (= (= (1101120		PAGE 10 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Regina R Mouton			M = M	
Mailing Address 5827 Brighton PI			Amount	09 2014
City	State	Zip Code		12.00
New Orleans	LA	70131		on ID : f8c65a7a-3139-423e-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		113528.87	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Brooke A Gilham			Date of Po	ublic Distribution/Dissemination / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 168 Graduate Lane Apt 324			Amount	
City	State	Zip Code		30.00
Boone	NC	28607	Transactio Date of D	n ID : 74a1caed-2360-45d9-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	293124.02	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		.	42.00
(b) SUBTOTAL of Unitemized Independent Expend	litures		.	7 1 7 1 1 5 1
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 1	1 2014
Signature				

Schedule E)	El Eliberti Exi Elib			PAGE 11 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-h	our report New report	ort Amends repo	ort filed on	
Full Name of Payee Brooke A Gilham				c Distribution/Dissemination
Mailing Address 168 Graduate Lane	Ant 204		09	09 / 2014
100 Graduate Land	Αρι 324		Amount	
City	State	Zip Code		28.20
Boone	NC	28607		ID: 74431c00-2def-41b6-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	93124.02	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Jodi Fountain			M	/ D D / Y Y Y Y Y
Mailing Address 1010 S Dogwood	Drive		09	09 2014
10.00000	Bille		Amount	
City	State	Zip Code		10.00
Bogalusa	LA	70427	Transaction I Date of Disb	D: 03b5073d-9d3a-4267-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independ	ent Expenditures		>	38.20
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		. •	
(c) TOTAL Independent Expenditures				
			P	7
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D D D 11	/ Y Y Y Y Y 2014
Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Jodi Fountain	09 / 09 / 2014
	Mailing Address 1010 S Dogwood Drive	Amount
ŀ	City State Zip Code	10.80
	Bogalusa LA 70427	Transaction ID : d862adb4-8cda-4f91-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M 09
t	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 293124.02	ursement For: Primary
ŀ	Full Name of Payee	
	Jodi Fountain	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Mailing Address 1010 S Dogwood Drive	Amount
-	City State Zip Code	10.00
	Bogalusa LA 70427	Transaction ID: 5350989d-cc88-45ec-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 09 / 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures	20.80
(1	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not market, or at the request or suggestion of, any candidate or authorized committee or agent of eithe arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	9 11 2014
	Signature	

PAGE

OF

Schedule E)	PAGE 13 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends r	report filed on
Full Name of Payee Jodi Fountain	Date of Public Distribution/Dissemination
Mailing Address 1010 S Dogwood Drive	09 / 09 / 2014
1010 S Dogwood Drive	Amount
City State Zip Code	10.80
Bogalusa LA 70427	Transaction ID : 9a1273c7-6d92-467a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type Company Category/ Type	002 09 09 7 2014
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Jodi Fountain	09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1010 S Dogwood Drive	Amount
City State Zip Code	30.00
Bogalusa LA 70427	Transaction ID : 094ee878-f8df-4556-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 0	01 09 09 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	e President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 113528.87	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	40.80
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	······ >
Under penalty of perjury I certify that the independent expenditures reported herein wwith, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
	Date 09 11 2014
Signature	

Sch	nedule E)	./(i =: +=:	10.120				PAGE 14 OF 75 FOR SE OF FORM 24/48
	TE OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Chec	ck if 24-hour report X 48-hour report	≺ New repo	ort Ame	ends repo	ort filed on	M = M /	D = D / Y = Y = Y = Y
	Full Name of Payee Erin L Hogan				Date		c Distribution/Dissemination
						09	09 2014
ľ	Mailing Address 110 Teresa Lane				Amo	ount	
	City Sta	ate	Zip Code		$ $ Γ		75.00
- 1		AR	72455				ID: 97455b2a-0438-450a-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 09	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		S	Support	Office Soug	ght:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		83858.93		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee						c Distribution/Dissemination
	Erin L Hogan					M M M	09 / 2014
	Mailing Address 110 Teresa Lane						2014
					Amo	ount	
	,		Zip Code		\neg L		36.30
		AR	72455		Trans Date	saction II e of Disbu	D: 21a6f258-ce89-427c-9 ursement or Obligation
	Purpose of Expenditure Mileage	l	Category/ Type	002		M M M 09	09 / 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X c	Oppose	Pres	ident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		83858.93	3	Disburseme 2014	ent For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				· >		111.30
(b	b) SUBTOTAL of Unitemized Independent Expenditures	·			· • [1 1 4 1 4 1
(0	c) TOTAL Independent Expenditures				·· •	-	7 7
Wi	nder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	9 09	/ 0 0 11	2014
	Signature						

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lisa Booth	09 09 2014
	Mailing Address 1434 South Avenue	Amount
	City State Zip Code	100.00
	Eden NC 27288	Transaction ID : 7ac8772f-0446-4181-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09 / 09 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	000404.00	ursement For: Primary X General
	Per Election for Office Sought 293124.02 2014	Other (specify) ▶
	Full Name of Payee Lisa Booth	Date of Public Distribution/Dissemination
	Mailing Address 1434 South Avenue	09 09 2014
		Amount
	City State Zip Code	13.50
	Eden NC 27288	Transaction ID: 350a0a13-06ca-4456-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 09 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 293124.02	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	113.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT11	9 11 2014
	Signature	للنتيا ليا ك

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OF

Schedule E)	ENDITOTIES	PAGE 16 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report N	ew report Amends report	filed on/ D D / Y Y Y Y Y
Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination
Mailing Address 5330 Nestleway Dr		09 09 2014 Amount
City State	Zip Code	50.00
Clemmons NC	27012	Transaction ID : 78d46be7-9e8f-4147-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 09 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Toni A Persinger-Buckler		09 09 7 2014
Mailing Address 5330 Nestleway Dr		Amount
City State Clemmons NC	Zip Code 27012	9.00 Transaction ID: 1731cc42-e107-4b1d-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		59.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
	Electronically Filed] Date	09 11 2014
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		DITOTILO	PAGE 17 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln			09 / 09 / 2014
			Amount
City	State	Zip Code	80.00
Neosho	МО	64850	Transaction ID: 411c126e-8987-48a4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		83858.93	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Andrea L Hammond			09
Mailing Address 12920 Kneeland Ln			Amount
City	State	Zip Code	30.60
Neosho	MO	64850	Transaction ID: 3432345f-db8a-4a3e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		83858.93	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		110.60
(b) SUBTOTAL of Unitemized Independent Expe	anditures		
(b) SOBTOTAL OF CHIRCHIES OF INDEPENDENT EXPE			
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sche	dule E)	L /(1 L /(2)			PAGE 18 OF 75 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Ful	II Name of Payee			Date (of Public Distribution/Discomination
D	Pavid Ford			М	of Public Distribution/Dissemination 09 09 2014
Ма	illing Address 106 Hillside St			Amour	nt
Cit	у	State	Zip Code	- [85.00
Sp	pindale	NC	28160		action ID : 9a7e3b72-cc88-4d89-8 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		09 09 / 2014
Na	me of Federal Candidate		Support	Office Sought	t: House District: 00
Ms	s. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	293124.02	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
	II Name of Payee Pavid Ford				of Public Distribution/Dissemination
	West Address			L	09 09 2014
IVId	ailing Address 106 Hillside St			Amou	nt
Cit	ry	State	Zip Code		31.29
	pindale	NC	28160		ction ID : a6bdca73-b6e4-43cf-b of Disbursement or Obligation
	rpose of Expenditure lileage		Category/ Type 002	M	09 / 09 / 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District:00
Ms	s. Kay Hagan		Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures	s			116.29
(h)	SUBTOTAL of Unitemized Independent Expenditu	irae		. —	
(≈)	SOBTOTAL OF OTHER MEDICAL PROPERTY.	163		. •	4 4
(c)	TOTAL Independent Expenditures			· •	7 7 7
with,	er penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate y committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	11 2014
5	Signature		_		

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Joseph R Rys	09 / 09 / 2014
	Mailing Address 160 #50 Pompano Dr	Amount
ŀ	City State Zip Code	50.00
	New Bern NC 28560	Transaction ID: 4e575e94-3660-4d19-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M 09
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 293124.02 Disbut 2014	ursement For: Primary
ł	Full Name of Payer	
	Full Name of Payee Joseph R Rys	Date of Public Distribution/Dissemination 09 09 09 2014
	Mailing Address 160 #50 Pompano Dr	Amount
	City State Zip Code	6.99
	New Bern NC 28560	Transaction ID : a6516f25-9c0c-4869-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / 09 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 293124.02	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	56.99
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	9 11 2014
	Signature	

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OF

Schedule E)	3111 31 III321 211				PAGE 20 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour re	port X 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Morgan E Ha					of Public Distribution/Dissemination
	90 Christian Light Rd				09 09 2014
				Allioa	
City		State	Zip Code	Tuest	50.00
Fuquay Varina		NC	27526		action ID : 35775ce6-2aa1-4877-b If Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 001	M	09 09 / 2014
Name of Federal Ca	andidate		Support	Office Sought	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Year- Per Election for		2	293124.02	Disbursement 2014 Ot	t For: Primary
Full Name of Payee Morgan E Hall	enbeck				of Public Distribution/Dissemination
Mailing Address	3790 Christian Light Rd			Amou	nt
City		State	Zip Code		11.10
Fuquay Varina		NC	27526		ction ID: 152eeb1c-2143-4444-9 of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002	M	09 / 09 / 2014
Name of Federal Ca	andidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year- Per Election fo	To-Date r Office Sought		293124.02	Disbursement 2014 Or	t For:
(a) SUBTOTAL of Ite	emized Independent Exper	nditures		• F	61.10
(b) SUBTOTAL of U	nitemized Independent Ex	penditures		· ·	
(c) TOTAL Independ	ent Expenditures				7 7 7
with, or at the reques		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	y Buchanan	[Electron	ically Filed] Date	9 09	11 2014
Signature					

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Virginia M Stevens	09 09 2014
Mailing Address 1691 Fork Mtn Rd	Amount
City State Zip Code	50.00
Bakersville NC 28705	Transaction ID : 6044592f-959b-4d27-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought 293124.02	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	
Virginia M Stevens	Date of Public Distribution/Dissemination 09 09 09 2014
Mailing Address 1691 Fork Mtn Rd	Amount
City State Zip Code	25.20
Bakersville NC 28705	Transaction ID : abca879b-c772-4375-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / V V V
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 293124.02	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	> 75.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	··· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Dat	e 09 11 2014
Signature	

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXICIO	TI OTILO	PAGE 22 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			09 09 2014
			Amount
City	State	Zip Code	51.00
Shelby	NC	28152	Transaction ID: 8f88da1a-ff65-4555-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
			09 09 7 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	37.35
Shelby	NC	28152	Transaction ID : 40d7c8b0-e978-437e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-77	293124.02	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 88.35
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
•			

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		= M	/ D = D /	Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Malinda Ledford	M	09 ^M	09	2014
	Mailing Address 44 Bell Street Ext	Amou	nt		
ŀ	City State Zip Code	Г.	-		70.00
	Spruce Pine NC 28777			ID: 2bd21a0s	9-bef3-4653-a
	Purpose of Expenditure Salary Category/ Type 001		09 ^M	09	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsemen		Primary specify) ▶	K General
ŀ	Full Name of Payers				/D:
	Full Name of Payee Malinda Ledford	Date		olic Distribution	VDISSEMINATION Y Y Y Y Y Y Y Y Y Y 2014
	Mailing Address 44 Bell Street Ext	Amou		09	2014
ŀ	City State Zip Code	Γ.			31.80
	Spruce Pine NC 28777			ID: 15fa9dd7- bursement or (
	Purpose of Expenditure Mileage Category/ Type 002		09 ^M	09	2014
ľ	Name of Federal Candidate Support Office	Sough	ıt:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 293124.02			Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures				101.80
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 09	9 /	11	D / Y Y 201	4
	Signature				

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amend	ds report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Adam Rock	09 09 2014
Mailing Address 307 Farris Rd Apt 1	Amount
City State Zip Code	45.00
Conway AR 72034	Transaction ID : 14b27daf-a6d2-4ffb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 09 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Mr. Mark L Pryor Opp	
Calendar Year-To-Date Per Election for Office Sought 83858.93	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Adam Rock	Date of Public Distribution/Dissemination
Mailing Address 307 Farris Rd Apt 1	Amount
City State Zip Code	6.60
Conway AR 72034	Transaction ID: 52bb8e51-a627-40eb-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002
Name of Federal Candidate Sup	pport Office Sought: House District: 00
Mr. Mark L Pryor Opp	
Calendar Year-To-Date Per Election for Office Sought 83858.93	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	51.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 11 2014
Signature	***

PAGE

OF

Scl	hedule E)	L/(1 L.(12.	10.120				PAGE 25 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
VV	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amen	nds repo	rt filed on	1 = M /	D = D / Y = Y = Y
T	Full Name of Payee Adam Rock					и = м /	Distribution/Dissemination
\mid	Mailing Address 307 Farris Rd Apt 1				Amou	09 int	09 2014
-	City S	State	Zip Code				45.00
		AR	72034				D: 2f404e5d-94c8-4f6b-b
	Purpose of Expenditure Salary		Category/ Type	001		09	09 / Y Y Y Y Y Y Y
I	Name of Federal Candidate		Sur	pport	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor			pose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		83858.93		Disbursemer 2014	nt For: Other (sp	Primary X General ecify) ▶
	Full Name of Payee Adam Rock					of Public	Distribution/Dissemination OP 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 307 Farris Rd Apt 1				Amou	unt	
1	City	State	Zip Code				6.60
	Conway Purpose of Expenditure	AR	72034		Transa Date	of Disbu	D: f5cc2721-9871-4bf8-8 ursement or Obligation
	Mileage		Category/ Type	002		09	09 / 2014
	Name of Federal Candidate		Sur	pport	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor		X Op	pose	Presid	ent >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		83858.93		Disbursemer 2014	nt For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				· [51.60
(I	b) SUBTOTAL of Unitemized Independent Expenditure	es				1 4	
(0	c) TOTAL Independent Expenditures				•		4
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arry committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	11	2014
	Signature						

ScI	hedule E)		TOTILO			PAGE 26 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC				С	C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amends	s report fi	led on	/ D = D / Y = Y = Y
T	Full Name of Payee Jackson S Tuttle				М = М	ic Distribution/Dissemination
-	Mailing Address 404 Chancery Park Ct				09 Amount	09 2014
-	City S	State	Zip Code			25.00
		NC	27284			ID: 407bd9d4-2979-4baa-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	09 09	09 2014
l	Name of Federal Candidate		Supp	oort Of	fice Sought:	House District: 00
	Ms. Kay Hagan		У Орро			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	293124.02		sbursement For: 14 Other (sp	Primary
	Full Name of Payee Jackson S Tuttle Mailing Address 404 Chancery Park Ct				Date of Publ	ic Distribution/Dissemination
-	0"	Ot-1-	The Oada			4.50
	,	State NC	Zip Code 27284		Transaction I	4.50 D: 8eda92a0-d772-4eaa-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	09	/ 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Supp	oort Of	ffice Sought:	House District: 00
	Ms. Kay Hagan		X Oppo	ose [Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		293124.02		sbursement For: 014 Other (s	Primary X General
(6	a) SUBTOTAL of Itemized Independent Expenditures			······•	7	29.50
(1	b) SUBTOTAL of Unitemized Independent Expenditure	∍s		······		
((c) TOTAL Independent Expenditures					4
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M / D D	2014
	Signature					

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends rep		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Sue G Walker			[09 09 2014
Mailing Address 3 Girard			Amou	unt
City	State	Zip Code		90.00
Fort Smith	AR	72901		saction ID : 3ad03ce4-2069-43fe-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	- I	09 09 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		83858.93	Disbursemen 2014	nt For: Primary
Full Name of Payee			<u> </u>	of Public Distribution/Dissemination
Sue G Walker				09 09 2014
Mailing Address 3 Girard			Amo	
City	State	Zip Code	<u> —</u> Г	10.50
Fort Smith	AR	72901		action ID: a9147376-465d-47f0-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 09 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	dent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		83858.93	Disburseme 2014	nt For: Primary X General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	litures			100.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		··· 	7 1 7 1 4 1
(c) TOTAL Independent Expenditures			··· \	
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 09	11 2014
Signature	-	_ · · · Da		

PAGE

OF

Schedule E)		TI EXI END			PAGE 28 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if 24-hour repo	ort X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	in in the inequality	<u> </u>			
Full Name of Payee Kelly Dolan					of Public Distribution/Dissemination
Mailing Address 543	S 2nd St			Amou	nt
City		State	Zip Code	— IT.	60.00
Bellaire		NC	77401		action ID: 3e7c719a-bb1c-4f2c-9 of Disbursement or Obligation
Purpose of Expenditur Salary	e		Category/ Type 001		09 / 09 / 2014
Name of Federal Can	didate		Support	Office Sough	it: House District: 00
Ms. Mary L Landrieu			X Oppose	Preside	
Calendar Year-To- Per Election for C		1	113528.87	Disbursemen 2014	ther (specify) ▶
Full Name of Payee				Date	of Public Distribution/Dissemination
Kelly Dolan					09 09 2014
Mailing Address 54	3 S 2nd St				00 100 12011
				Amou	ınt
City		State	Zip Code		9.00
Bellaire		NC	77401	Transa Date	action ID : fa553b58-ccae-4c25-b of Disbursement or Obligation
Purpose of Expenditure Mileage	re		Category/ Type 002		09 / 09 / 2014
Name of Federal Can	didate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu			X Oppose	Presid	ent X Senate State: LA
Calendar Year-To Per Election for 0		7 1 1 7	113528.87	Disbursemer 2014	nt For:
(a) SUBTOTAL of Item	ized Independent Expenditu	res			69.00
(b) SUBTOTAL of Unit	emized Independent Expend	ditures		·· •	7 1 7 1 7
(c) TOTAL Independen	t Expenditures			· •	7
with, or at the request		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily I	Buchanan	[Electron	ically Filed] Date	e 09	11 2014
Signature					

Sc	hedule E)	L /XI L 112.	101120				PAGE 29 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
۷v	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Arr	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee Logan B Piper	,			Date	M M	c Distribution/Dissemination
-	Mailing Address 3205 Pebble Beach Rd				Amo	09 unt	09 2014
ŀ	City S	State	Zip Code		-		18.70
		AR	72034				ID: 951a92ad-3a2e-4614-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M 09	09 / 2014
ŀ	Name of Federal Candidate		<u>' : : : : : : : : : : : : : : : : : : :</u>	Support	Office Soug	ıht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi	· _	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		83858.93		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee Logan B Piper				Date	of Publi	c Distribution/Dissemination
	Mailing Address 3205 Pebble Beach Rd				Amo	ount	
ľ	City	State	Zip Code				2.82
		AR	72034		Trans Date	action II of Disbu	D: 9cd934df-e682-4d3f-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\Box \mid_{_} \mid$	09	09 2014
	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		83858.9	3	Disburseme 2014	ent For: Other (sp	Primary ⊠ General Decify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				• [21.52
((b) SUBTOTAL of Unitemized Independent Expenditures)s					7 1 7
(c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate control committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 09	11	2014
	Signature						

Sch	edule E)	L /(L /(L)	1101120		PAGE 30 OF 75 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ek if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
	Carla A Wells				of Public Distribution/Dissemination
N	Mailing Address 2013 Woodwind Way			Amou	09 09 2014 unt
	Dity	State	Zip Code	— r	50.00
	Van Buren	NC	72956		saction ID : f7a568d7-2835-4e8d-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 09 / 2014
N	Name of Federal Candidate		Support	Office Sough	ht: House District:00
N	Mr. Mark L Pryor		Oppose	Presid	dent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	83858.93	Disbursemen 2014	nt For:
	Full Name of Payee Carla A Wells				of Public Distribution/Dissemination
N	Mailing Address 2013 Woodwind Way			Amor	
	Dity	State	Zip Code		10.50
	Van Buren	NC	72956	Trans Date	action ID: c124898c-6c11-4731-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	09 / 09 / 2014
٨	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
ľ	Mr. Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		83858.93	Disburseme 2014	ent For: Primary General Other (specify)
(a)) SUBTOTAL of Itemized Independent Expenditures	3			60.50
(b)) SUBTOTAL of Unitemized Independent Expenditure	ires		··· \	4 4 4
(c)) TOTAL Independent Expenditures			· · ·	
wit	nder penalty of perjury I certify that the independen th, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	te 09	11 2014
	Signature				

··· · ,						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATIO	N NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Ame	nds repor		I I M	/ D = D /	Y W Y W Y
Full Name of Payee				Date	of Publi	ic Distribution/l	Dissemination
Amber M Gregory				Th.	09	09	2014
Mailing Address 1710 Elfen Glen St Apt 114B				Amou	ınt		
City	State	Zip Code		$-\Gamma$			50.00
Van Buren	AR	72956				ID: 2bbfd969 ursement or O	
Purpose of Expenditure Salary		Category/ Type	001		09	09	2014
Name of Federal Candidate		Su	ıpport	Office Sough	nt:	House I	District: 00
Mr. Mark L Pryor		X Op	ppose	Presid	ent	Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	(2)	83858.93		Disbursemer 2014		Primary pecify) ▶	X General
Full Name of Payee						ic Distribution/	Discomination
Amanda Boley					09	/ 09 /	2014
Mailing Address Split Oak Drive				Amou	unt		
City	State	Zip Code					52.50
charlotte	NC	28227				D:71c36b08- ursement or C	
Purpose of Expenditure Salary		Category/ Type	001] [09	/ 09 /	2014
Name of Federal Candidate		Sı	upport	Office Sough	nt:	House	District: 00
Ms. Mary L Landrieu		X o	ppose	Presid	ent	Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	113528.87		Disbursemer 2014		Primary	General
(a) SUBTOTAL of Itemized Independent Expenditu	res			· [7	102.50
(b) SUBTOTAL of Unitemized Independent Expend	litures			•			
(c) TOTAL Independent Expenditures				•		7	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized						
Ms. Emily Buchanan	[Electron	nically Filed]	Date	M M /	11	/ Y Y 201	
Signature							

PAGE

OF

··· · ,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Amanda Boley	09 / 09 / 2014
Mailing Address Split Oak Drive	Amount
City State	e Zip Code 15.63
charlotte	Transaction ID : b51a61e7-4a1e-4338-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 09 09 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Shantal C Culbreath Mailing Address 4691 Hercules Lane	Date of Public Distribution/Dissemination M M M O9 O9 O9 2014 Amount
City State	e Zip Code 100.00
Woodbridge	Transaction ID : 0d34a2bd-f684-42ef-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	115.63
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 09 11 2014
Signature	

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OF

		F	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	Cc	00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	on Man /	D = D / Y = Y = Y
\neg		Date of Public	Distribution/Dissemination
	Theresa a Youngblood	09	09 / 2014
	Mailing Address 102 S Main Street Apt A2	Amount	
ŀ	City State Zip Code		75.00
	Berryville VA 22611		: b7a3d517-0d30-474a-8 sement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09	09 / 2014
j	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 293124.02 Disburs 2014	sement For:	Primary
ľ	Full Name of Payee Marion Anderson	Date of Public	Distribution/Dissemination
	Mailing Address 607 Chickadee St Apt 8	09 Amount	09 2014
	City State Zip Code		20.00
	Little Rock AR 72204		: 676f9c8f-bf8e-4c9e-9 sement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09	09 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:	Primary ⊠ General
	(a) SUBTOTAL of Itemized Independent Expenditures	7	95.00
((b) SUBTOTAL of Unitemized Independent Expenditures	7	4
_	(c) TOTAL Independent Expenditures	7	7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 09	M / D D D	2014
	Signature		

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OF

,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-h	our report New report	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Mattie F Grant			N N	09 09 7 2014
Mailing Address 1700 N Hughes St /	Apt 17		Amou	nt
City	State	Zip Code		20.00
Little Rock	AR	72207		saction ID: 27e4fa25-eae4-4680-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 09 / 2014
Name of Federal Candidate		Support	Office Sough	it: House District:00
Mr. Mark L Pryor		Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		83858.93	Disbursemen 2014	nt For: Primary X General
Full Name of Payee Christopher Marquess Mailing Address 110 W Pecan St			Date	of Public Distribution/Dissemination
City	State	Zip Code	— I	50.00
Ville Platte	LA	70586		action ID : f6645bca-bfc7-400a-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 09 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu		X Oppose	Presid	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		113528.87	Disbursemer 2014	nt For: Primary ⊠ General
(a) SUBTOTAL of Itemized Independ	ent Expenditures		•	70.00
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	11 2014
Signature				

PAGE

OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher Marquess	09 / 09 / 2014
Mailing Address 110 W Pecan St	Amount
City State	e Zip Code 36.00
Ville Platte LA	Transaction ID : ed53cca7-799f-41da-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 09 09 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Randy M Gold Mailing Address 1436 Haigs Creek Dr	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stat	te Zip Code 60.00
Elgin SC	
Purpose of Expenditure Salary	Category/ Type 001 09 09 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	96.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political .
Ms. Emily Buchanan	[Electronically Filed] Date 09 11 2014
Signature	

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OF

Schedule E)	EXI END	HOHEO		PAGE 36 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends	report filed	d on
Full Name of Payee Randy M Gold				Date of Public Distribution/Dissemination
Mailing Address 1436 Haigs Creek Dr				09 09 2014 Amount
City	State	Zip Code		36.81
Elgin	SC	29045		Transaction ID : 379513a0-1a37-4a5b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	09 09 / 2014
Name of Federal Candidate		Supp	ort Offic	e Sought: House District: 00
Mr. Mark L Pryor		Х Орро	se	President State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	83858.93	Disb 2014	ursement For: Primary General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Kaleigh J Wagner				09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18065 Wayne Rd				Amount
City	State	Zip Code		60.00
Odessa	FL	33556		Transaction ID : b5a45a10-dad3-4221-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	09 / 09 / 2014
Name of Federal Candidate		Supp	ort Offic	ee Sought: House District: 00
Mr. Mark L Pryor		X Oppo	se	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	83858.93	Disb 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	S			96.81
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		······	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]		09 11 2014
Signature	<u> </u>		_	

Sch	nedule E)	L/(1 L.(12.	10.123				PAGE 37 FOR SE OF I		75 -8
	IE OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO		
Wc	omen Speak Out PAC					C	C00530766		
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amend	ds repor	t filed on	- M /	D D /	Y " Y " Y	Y
F	Full Name of Payee Michael Chinchar					_ M /	Distribution/D	Y = Y = Y	
N	Mailing Address 2730 Dave Ward Dr				Amou	09 nt	09	2014	_
	City	State	Zip Code					50.0	00
- 1	Conway	AR	72034				D: fd0f71ee-8	3bf-41f6-b	
	Purpose of Expenditure Salary		Category/ Type	001		09 /	09	2014	Y
I	Name of Federal Candidate		Supp	port	Office Sough	t:	House D	istrict: C	00
	Mr. Mark L Pryor		Х Орро		Preside	_	Senate	State: A	
	Calendar Year-To-Date Per Election for Office Sought		83858.93]	Disbursement 2014 Or	t For: ther (sp	Primary ecify) ▶	X Gen	eral
	Full Name of Payee Michael Chinchar Mailing Address 2730 Daye Ward Dr					of Public	Distribution/E	Dissemination 2014	
	Mailing Address 2730 Dave Ward Dr				Amou	nt			_
	City	State	Zip Code					9.00	
	Conway Purpose of Expenditure	AR	72034		Transa Date	of Disbu	0:0b846797- aursement or O	oligation	
	Mileage		Category/ Type	002	M	09 ^M	09	2014	Y
- 1	Name of Federal Candidate		Supp	port	Office Sough	t:	House [District:(00
	Mr. Mark L Pryor		Х Орро	ose	Preside	ent >	Senate	State: A	R
	Calendar Year-To-Date Per Election for Office Sought		83858.93]	Disbursemen 2014 O		Primary Pecify) ▶	X Ger	neral
(a	a) SUBTOTAL of Itemized Independent Expenditures.				.	· ·		59.00	
(b	o) SUBTOTAL of Unitemized Independent Expenditure	es			· [7			
(с	e) TOTAL Independent Expenditures				· [1-3	1 7		
wi	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized							
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09 /	11	2014		
	Signature								

Schedule E)	DENT EXICIO	TIONES	PAGE 38 OF 75 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C coossoree						
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on				
Full Name of Payee			Date of Public Distribution/Dissemination				
Tracy M Hargett			09 09 / 2014				
Mailing Address 5133 Lord Bryon Road			Amount				
City	State	Zip Code	60.00				
Wilmington	NC	28405	Transaction ID: e2192e45-ffeb-444b-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	,,,,	293124.02	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Tracy M Hargett			09 09 7 2014				
Mailing Address 5133 Lord Bryon Road			Amount				
City	State	Zip Code	17.40				
Wilmington	NC	28405	Transaction ID : a8fb54e1-cdde-4608-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expe	nditures		77.40				
			7 7 7				
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•				
(c) TOTAL Independent Expenditures			·				
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Beau Autin	09 / 09 / 2014
Mailing Address 345 Auroura Ave	mount
City State Zip Code	60.00
Metairie LA 70006 Tra	ansaction ID: b2724626-5487-46cd-b ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 09 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	
Full Name of Payee	Other (specify)
Beau Autin	ate of Public Distribution/Dissemination
Mailing Address 345 Auroura Ave	mount
City State Zip Code	7.44
	ansaction ID: a695154c-d6db-4f48-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 09 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	67.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	11 2014
Signature	

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OF

Sc	chedule E)	VI 10.110.	1101120		PAGE 40 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	1 M M / D D / Y Y Y Y Y
T	Full Name of Payee Stephanie L Heun			D	Date of Public Distribution/Dissemination
	Mailing Address 8026 S Wilwood Dr Apt 101			Δ	09 09 2014 Amount
-	2"			— г	00.00
	City Stat Oak Creek WI		Zip Code 53154		30.00 Fransaction ID: 89ad062d-2c8d-4ae3-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	-	09 / 09 / 2014
Ì	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Kay Hagan		Oppose		resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	293124.02	Disburse 2014	ement For:
	Full Name of Payee Kevin L Battle				Date of Public Distribution/Dissemination
	Mailing Address 3300 Asher Ave			F	Amount
1	City Stat	te	Zip Code		30.00
	Little Rock AF	₹ 	72204	Tr	ransaction ID : 7b0d921e-8eec-44a7-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 / 09 / 2014
Î	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose	P	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		83858.93	Disburse 2014	ement For:
((a) SUBTOTAL of Itemized Independent Expenditures				60.00
((b) SUBTOTAL of Unitemized Independent Expenditures			>	
((c) TOTAL Independent Expenditures			···· • [
٧	Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	te 09	11 2014
	Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Am	nends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Kevin L Battle	09
Mailing Address 3300 Asher Ave	Amount
City State Zip Code	9.00
Little Rock AR 72204	Transaction ID : d56fd746-79cf-4fe7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 M M / D D / Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Maril I Drawn	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 83858.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	
Rebecca A Shearer	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6544 Arno College Grove Rd	Amount
City State Zip Code	60.00
College Grove TN 37046	Transaction ID : 3c88f939-5a1d-4ad1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 00 / 00 / 7777
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 83858.93	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 11 2014
Signature	لتنبا لينا ينا

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OF

Schedule E)		11 LA. L.	1101120		PAGE 42 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER
Women Speak Out	: PAC				C C00530766
Check if 24-hour report	48-hour report	New rep	port Amends rep	port filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Parker H Morrov	v			Date	e of Public Distribution/Dissemination
Mailing Address 506 N I	Horton Street			Amo	09 09 2014 ount
City		State	Zip Code		60.00
Searcy		AR	72143		nsaction ID : 21ae5e89-db29-46a0-9 te of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 00		09 09 / 2014
Name of Federal Candid	date		Support	Office Sou	ight: House District: 00
Mr. Mark L Pryor			X Oppose		sident Senate State: AR
Calendar Year-To-D Per Election for Off			83858.93	Disburseme 2014	nent For: Primary
Full Name of Payee Parker H Morrow Mailing Address 506 I	N Horton Street				te of Public Distribution/Dissemination
City		State	Zip Code		34.20
Searcy		AR	72143	Tran Dat	nsaction ID : 9b0c3189-7c36-4dc0-b te of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002	-	09 / 09 / 2014
Name of Federal Candid	date		Support	Office Sou	ught: House District: 00
Mr. Mark L Pryor			X Oppose	Pres	sident Senate State: AR
Calendar Year-To-D Per Election for Off		7 7	83858.93	Disbursem 2014	nent For: Primary X General Other (specify)
(a) SUBTOTAL of Itemize	ed Independent Expenditu	res		.	94.20
(b) SUBTOTAL of Uniten	nized Independent Expend	litures		···· \	
(c) TOTAL Independent	Expenditures			···· >	
with, or at the request or		date or authorized			n cooperation, consultation, or concer (if the reporting entity is not a politica
Ms. Emily Bu	chanan	[Electron	nically Filed] Da	ate 09	11 2014
Signature					

Schedule E)	VI EXI END	TIONES		3 OF 75 OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼			
Women Speak Out PAC	C coossoree						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y			
Full Name of Payee Patrice Wolfe			Date of Public Distribution	on/Dissemination			
Mailing Address 9909 Treasure Hill Rd			09 / 09	2014			
			Amount				
City	State	Zip Code		10.00			
Little Rock	AR	72205	Transaction ID : 1445ed Date of Disbursement or				
Purpose of Expenditure Salary		Category/ Type 001	M M / D D D D D D D D D D D D D D D D D	2014			
Name of Federal Candidate		Support	Office Sought: House	District: 00			
Mr. Mark L Pryor		X Oppose	President Senate	State: AR			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	83858.93	Disbursement For: Prima 2014 Other (specify) ▶ _	ıry X General			
Full Name of Payee			Date of Public Distribution	on/Dissemination			
Patrice Wolfe			09 / 09	2014			
Mailing Address 9909 Treasure Hill Rd			Amount				
City	State	Zip Code		2.70			
Little Rock	AR	72205	Transaction ID : e2b8567 Date of Disbursement o				
Purpose of Expenditure Mileage		Category/ Type 002	M M / D D D O O O O O O O O O O O O O O O O	2014			
Name of Federal Candidate		Support	Office Sought: House	District: 00			
Mr. Mark L Pryor		Oppose	President Senate	State: AR			
Calendar Year-To-Date Per Election for Office Sought	7 7	83858.93	Disbursement For: Prima 2014 Other (specify) ▶ _	ary X General			
(a) SUBTOTAL of Itemized Independent Expenditu	es			12.70			
			7				
(b) SUBTOTAL of Unitemized Independent Expend	itures		•				
(c) TOTAL Independent Expenditures			>				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		014			
Signaturo							

Scł	hedule E)		PAGE FOR S	44 OF 75 E OF FORM 24/48
	ME OF COMMITTEE (In Full)			CATION NUMBER ▼
W	omen Speak Out PAC		C C005307	
Che	eck if 24-hour report X 48-hour report X New report Amends rep	oort filed on	- M / D - D	/ Y = Y = Y
_				
	Full Name of Payee Timothy Foley		of Public Distribution 09	ution/Dissemination / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 20679 Glenbrook Terrace	Amou	nt	
ŀ	City State Zip Code	— I		90.00
	Sterling VA 20165		action ID : f49b of Disbursement	f824-6d68-4fad-9 or Obligation
	Purpose of Expenditure Salary Category/ Type 001		09 / 09	2014
ı	Name of Federal Candidate Support	Office Sough	t: House	e District: 00
	Ms. Kay Hagan Oppose	Presid	ent Senat	te State: NC
	Calendar Year-To-Date Per Election for Office Sought 293124.02	Disbursemer 2014	t For: Prii ther (specify) ▶	mary X General
Γ	Full Name of Payee	Date	of Public Distribu	ution/Dissemination
1	Francis Richardson		09 09	2014
ľ	Mailing Address 220 Doucet Rd		00 00	2011
1		Amou	nt	
ŀ	City State Zip Code			25.00
	Lafayette LA 70503		of Disbursement	laf3-e59f-47b1-b or Obligation
	Purpose of Expenditure Salary Category/ Type 001		09 / 09	2014
	Name of Federal Candidate Support	Office Sough	it: Hous	e District: 00
L	Ms. Mary L Landrieu	Presid		
	Calendar Year-To-Date Per Election for Office Sought 113528.87	Disbursemer 2014	t For: Pri other (specify) ►	mary X General
(8	a) SUBTOTAL of Itemized Independent Expenditures	▶	7	115.00
(I	b) SUBTOTAL of Unitemized Independent Expenditures	-	7	4
(0	c) TOTAL Independent Expenditures	···· >	7	AD. 1 AT.
W	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent earty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Dat	te 09	11 / Y	2014
	Signature			

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	t New report Amends report fil	ed on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Francis Richardson		09 09 7 2014
Mailing Address 220 Doucet Rd		Amount
City	State Zip Code	2.22
Lafayette	LA 70503	Transaction ID: c8c5a440-f90e-498d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [President State: LA
Calendar Year-To-Date Per Election for Office Sought	113528.87 Di	sbursement For: Primary X General 14 Other (specify) ▶
Full Name of Payee Kristen S Moore Mailing Address 42 Oak Creek Drive		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount
City	State Zip Code	40.00
Conway	AR 72032	Transaction ID: 7f0de446-84e2-4c09-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose [President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	nditures	42.22
(b) SUBTOTAL of Unitemized Independent Ex	penditures	
(c) TOTAL Independent Expenditures	······································	
	ependent expenditures reported herein were not andidate or authorized committee or agent of eit or its agent.	
Ms. Emily Buchanan	[Electronically Filed] Date	09 11 2014
Signature		

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OF

Schedule E)		TI EXI END			PAGE 46 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Kristen S Moore					of Public Distribution/Dissemination
Mailing Address 42 Oak	Creek Drive			Amou	09 09 2014
				Alliou	
City		State	Zip Code	Ļ	4.20
Conway		AR	72032		action ID: 5684c770-3f53-4e8d-b of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		09 / 09 / 2014
Name of Federal Candid	ate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Da Per Election for Offi		7 1 1 7	83858.93	Disbursement 2014	t For: Primary X General ther (specify) ▶
Full Name of Payee					of Public Distribution/Dissemination
Gregory Green					09 09 2014
Mailing Address 2506	Bolch Street			L	09 09 2014
				Amou	nt
City		State	Zip Code		60.00
Shreveport		LA	71104	Transa Date	oction ID: 55848842-a9ae-488e-a of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		09 / 09 / 2014
Name of Federal Candic	late		Support	Office Sough	nt: House District:00
Ms. Mary L Landrieu			Oppose	Presid	ent Senate State: LA
Calendar Year-To-Da Per Election for Off		7	113528.87	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemize	ed Independent Expenditu	res		▶	64.20
(b) SUBTOTAL of Uniter	nized Independent Expend	ditures		·· •	7
(c) TOTAL Independent E	Expenditures				7
	suggestion of, any candid	date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buc	rhanan	[Electron	nically Filed] Date	e 09 /	11 2014
Signature					

Schedule E)	51125	PAGE 47 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed or	N M / D D / Y Y Y Y Y
Full Name of Payee Gregory Green	Г	Date of Public Distribution/Dissemination
		09 09 / 2014
Mailing Address 2506 Bolch Street	A	Amount
City State Zi	p Code	12.60
Shreveport LA 7	-	Transaction ID: 4ad56284-739a-40bc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	lought: House District: 00
Ms. Mary L Landrieu		resident State: LA
Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Lily Green		09
Mailing Address 205 Medallion Circle		Amount
City State Zi	ip Code	80.00
1 ·	'1119 Tr	ransaction ID: 80c56f28-6e7e-4c7f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 09 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Mary L Landrieu	Oppose P	resident State: LA
Calendar Year-To-Date Per Election for Office Sought	113528.87 Disburse 2014	ement For:
		
(a) SUBTOTAL of Itemized Independent Expenditures	•	92.60
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· [
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical	Ily Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	LIVI LXI LIVD	TIONES	PAGE 48 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			09 / 09 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	33.60
Shreveport	LA	71119	Transaction ID : f43b1d1c-768b-4312-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		113528.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Carol L Walters			09
Mailing Address 1900 Glen West Way			Amount
City	State	Zip Code	35.00
Fort Smith	AR	72916	Transaction ID : 1a765698-ceaa-4122-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	83858.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		68.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 11 2014
•			

Schedule E)	VI EXI EIVE	ATTOTILES	PAGE 49 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carol L Walters			09 / 09 / 2014
Mailing Address 1900 Glen West Way			Amount
City	State	Zip Code	10.50
Fort Smith	AR	72916	Transaction ID : f18a296f-4dd1-44e4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	83858.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Matt M Clarke			09 09 7 2014
Mailing Address 1254 Fleming St Apt 6			Amount
City	State	Zip Code	25.00
Conway	AR	72032	Transaction ID : c644e984-6afa-4275-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	83858.93	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	'es		. ▶ 35.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 11 2014
•			

Scl	hedule E)	NOTI OTILO	,		-	PAGE 50 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C	C00530766
Che	ck if 24-hour report X 48-hour report New	w report A	Amends repo	ort filed on	M /	D = D / Y = Y = Y = Y
T	Full Name of Payee Sandra L Clarke				of Public	Distribution/Dissemination
-	Mailing Address 1254 Fleming St Apt 6			Amou	09	09 2014
-	S'' Ohdo	Zir Oada				25.00
	City State Conway AR	Zip Code 72032				25.00 D: 89c3efcc-3c86-4f9d-b resement or Obligation
	Purpose of Expenditure Salary	Category Typ			09 /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate		Support	Office Sough	t:	House District:00
	Mr. Mark L Pryor	X	Oppose	Preside	_	
	Calendar Year-To-Date Per Election for Office Sought	83858.93		Disbursemen 2014 O	t For: ther (spe	Primary
	Full Name of Payee Kenny Wallis				of Public	Distribution/Dissemination
	Mailing Address 6412 Osage Dr			Amou		
1	City State	Zip Code				45.00
	North Little rock AR	72116		Transa Date	of Disbu	: 65ac0bab-5dcd-4318-b rsement or Obligation
	Purpose of Expenditure Salary	Category Typ			09	09 / 2014
	Name of Federal Candidate		Support	Office Sough	ıt:	House District:00
	Mr. Mark L Pryor	<u> </u>	Oppose	Presid	,	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	83858	.93	Disbursemer 2014	t For: ther (sp	Primary X General
(6	a) SUBTOTAL of Itemized Independent Expenditures				-7-	70.00
(1	b) SUBTOTAL of Unitemized Independent Expenditures			-		
(0	c) TOTAL Independent Expenditures			· •		
W	Inder penalty of perjury I certify that the independent expendit vith, or at the request or suggestion of, any candidate or autho arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Elec	ectronically Filed	I Date	e 09 /	11	2014
	Signature					

Schedule E)	I EXI END	TOTILO		PAGE 51 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			M = M /	Distribution/Dissemination
Mailing Address 1103 West Wilson Street			09 Amount	09 2014
07.	Otata	7:- 0:-1:-		50.00
City Ville Platte	State LA	Zip Code 70586		50.00 D : 4f656788-5b50-4645-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	, 1	13528.87	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Michael Vidrine			Date of Public	Distribution/Dissemination
Mailing Address 1103 West Wilson Street			09 Amount	09 2014
			Amount	
City Ville Platte	State LA	Zip Code 70586		37.80 : 6a19c620-b2d4-485e-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbui	rsement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	_	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	113528.87	Disbursement For: 2014 Other (spe	Primary ☐ General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es			87.80
(b) SUBTOTAL of Unitemized Independent Expendit	turee		7	
(b) SOBTOTAL OF Officernized independent Experior	.ures		-	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 11	2014
-				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Brenda L McCune	09
Mailing Address 1254 Fleming St Apt 6	Amount
City State Zip Code	45.00
Conway AR 72032	Transaction ID: e14e16e4-7e7e-4523-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 83858.93	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Brenda L McCune	09
Mailing Address 1254 Fleming St Apt 6	Amount
City State Zip Code	9.00
Conway AR 72032	Transaction ID: d14f508f-08dc-441c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 83858.93	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	54.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	9 09 11 2014
Signature	

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OF

Schedule E)	JI 1110E. E.13E	L /(1 L /(2)	10.120		PAGE FOR S	53 OF 75 E OF FORM 24/48
NAME OF COMMITTEE (In Fu						CATION NUMBER ▼
Women Speak Out P	'AC				C C00530	766
Check if 24-hour report	X 48-hour report	New repo	ort Amends	report filed	on M = M / D = D	/ Y = Y = Y
Full Name of Payee Phillip Williams					Date of Public Distrib	/ Y = Y = Y
Mailing Address 3007 Darc	len Rd				09 09 Amount	2014
City		State	Zip Code			80.00
Greensboro		NC	27407		Transaction ID: 0388 Date of Disbursement	3f881-80ce-4e27-9
Purpose of Expenditure Salary			Category/ Type	001	09 / 09) / Y Y Y Y
Name of Federal Candidate			Suppo	ort Office	Sought: Hous	e District: 00
Ms. Kay Hagan			X Oppos		President Sena	
Calendar Year-To-Date Per Election for Office		, 2	293124.02	Disbu 2014	rsement For: Pri Other (specify) ▶	mary X General
Full Name of Payee Phillip Williams Mailing Address 3007 Da					Date of Public Distrib	
Maining Address 3007 Da	arden Rd				Amount	
City		State	Zip Code			27.00
Greensboro		NC	27407		Transaction ID: e2c2	38ac-4a2d-4b43-b t or Obligation
Purpose of Expenditure Mileage			Category/ Type	002	09 / 09	
Name of Federal Candidate	9		Suppo	ort Office	Sought: Hous	se District: 00
Ms. Kay Hagan			X Oppos		President Sena	
Calendar Year-To-Date Per Election for Office		, ,	293124.02	Disbi 2014	Other (specify)	imary X General
(a) SUBTOTAL of Itemized	Independent Expenditures	5			7	107.00
(b) SUBTOTAL of Unitemize	ed Independent Expenditu	ıres		······ >	7	4.1.4.
(c) TOTAL Independent Exp	penditures			······· >		7 1 7
Under penalty of perjury I c with, or at the request or su party committee) any politica	ggestion of, any candidate	e or authorized				
Ms. Emily Bucha	nan	[Electron	ically Filed]	Date 0	9 11 Y	2014
Signature						

=-,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48	3-hour report New report	ort Amends report	filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Beverly Williams			09 O9	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		80.00
Greensboro	NC	27407		ID: 744e9bee-d99e-40f5-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	09 2014
Name of Federal Candidate		Support C	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sough	nt 2		oisbursement For: O14 Other (s	Primary
Full Name of Payee Vonniqua Jackson Mailing Address 111 Westches	ter Blvd		Date of Pub	lic Distribution/Dissemination
Apt D4			Amount	
City	State	Zip Code		50.00
Slidell	LA	70458		ID: 96ab1dfe-98bd-4dd5-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	09 / 2014
Name of Federal Candidate		Support 0	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sougl	nt		Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent	endent Expenditures			130.00
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		·	7
(c) TOTAL Independent Expenditu	res			
Under penalty of perjury I certify t with, or at the request or suggestic party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	cally Filed] Date	09 / 11	2014
Signature		'		

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OF

Schedule E)	L /(1 L /(2)			PAGE 55 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Glenda McKinney			M	f Public Distribution/Dissemination
Mailing Address 308 West Main Street			Amoun	09 09 2014 t
City	State	Zip Code	— [92.50
Plot Mountain	NC	27041		ction ID: ed2ed258-46d1-42d2-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	293124.02	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Mr. Roger McKinney Mailing Address 308 West Main Street			M	f Public Distribution/Dissemination
City	State	Zip Code		92.50
Pilot Mountian	NC	27041	Transac Date o	tion ID : d9a679d5-940d-4fea-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	-
Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement 2014 Ot	For:
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	185.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	7 7 7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	11 2014
Signature				

Sch	nedule E)	, L /(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			PAGE 56 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Ched	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Mr. Roger McKinney				of Public Distribution/Dissemination
1	Mailing Address 308 West Main Street			Amour	09 09 2014 nt
	O.i	Ctata	Zin Codo		25.80
	City Pilot Mountian	State NC	Zip Code 27041		25.80 action ID : 4c4fee14-aee0-440e-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M	09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought	: House District: 00
	Ms. Kay Hagan		Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	, 2	293124.02	Disbursement 2014 Ot	reference : For: Primary
	Full Name of Payee Lee R Carter Mailing Address 3110 Brentwood Rd			M	of Public Distribution/Dissemination
	01.	01-1-	7's Oads		45.00
	City Raleigh	State NC	Zip Code 27604	Transa Date o	45.00 ction ID : fb8f77be-e895-41f4-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M	09 09 2014
	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	293124.02	Disbursement 2014 Of	t For: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures	S		•	70.80
(b	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	
(0	c) TOTAL Independent Expenditures			•	7 7 7
W	nder penalty of perjury I certify that the independer ith, or at the request or suggestion of, any candidat arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	11 2014
	Signature				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Lee R Carter	09
Mailing Address 3110 Brentwood Rd	nount
City State Zip Code	17.70
Raleigh NC 27604 Tra	ansaction ID: e59dabc2-060e-4161-9 tte of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 293124.02	nent For:
Full Name of Payee Da Jeffrey Hampton	ate of Public Distribution/Dissemination
Molling Address	09 09 2014
- 1700 ET dit7100	nount
City State Zip Code	47.50
Da	nsaction ID : e8ee24eb-6786-42bd-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
	esident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	65.20
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	11 2014
Signature	

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OF

Schedule E)	II EXI END	TIONES	PAGE 58 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination
Mailing Address 1700 E Part Ave			09 / 09 / 2014
			Amount
City	State	Zip Code	42.90
Searcy	AR	72149	Transaction ID: 553e7aad-583d-491c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	83858.93	Disbursement For: ☐ Primary ☐ Genera 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			09 / 09 / 2014
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	25.00
Harrisonburg	VA	22801	Transaction ID : c19227bd-072c-41d4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	293124.02	Disbursement For: Primary General G
(a) SUBTOTAL of Itemized Independent Expenditur	es		67.90
(b) SUBTOTAL of Unitemized Independent Expendi	turas		
(b) SOBTOTAL OF OTHER MIZE OF THE PROPERTY EXPENDI			7 7
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 11 2014
olgilatule			

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Chris McCoy	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	nount
City State Zip Code	80.00
High Point NC 27260 Tra	Insaction ID : 31e02960-88b4-4148-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 09 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mc Kay Hagan	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 293124.02 Disbursem 2014	
5 II Name of Page	Other (specify)
Full Name of Payee Chris McCoy	te of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct	09 09 2014 nount
City State Zip Code	18.30
High Point NC 27260 Tran	nsaction ID: e6a26045-cdda-4575-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 293124.02 Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	98.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	/ D D / Y Y Y Y Y 11 2014
Signature	

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OF

Schedule E)		TIONES	PAGE 60 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			09 09 2014 Amount
Cit.	Ctata	7:- O-d-	20.00
City High Point	State NC	Zip Code 27260	90.00 Transaction ID: 3868b33c-d6a5-4703-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement For:
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			09 09 2014 Amount
City	State	Zip Code	21.30
High Point	NC	27260	Transaction ID : ff993d8f-5298-4552-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expendent	tures		111.30
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 11 2014
Signaturo			

Sch	hedule E)	./(i =: t=:	101120		PAGE 61 OF 75 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	—
W	omen Speak Out PAC				C C00530766	
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on		
T	Full Name of Payee Eleanor McCoy				of Public Distribution/Dissemination	
	Mailing Address 4902 Catawba Dr			Amou	09 09 2014 Int	_
H	City Sta		Zip Code		30.00	
		NC	27407		saction ID: e6e45d84-1c94-4b47-a of Disbursement or Obligation	_
	Purpose of Expenditure Salary		Category/ Type 001		09 / 09 / 2014	1
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00	
	Ms. Kay Hagan		Oppose	Preside	NO.	
	Calendar Year-To-Date Per Election for Office Sought	2	293124.02	Disbursemen 2014 O	nt For: Primary X Gener Other (specify) ►	al
	Full Name of Payee Eleanor McCoy				of Public Distribution/Dissemination	
	Mailing Address 4902 Catawba Dr			Amou		
-	City Sta	ate	Zip Code		14.70	
		NC	27407		action ID: 25a30f00-74ec-4cea-a of Disbursement or Obligation	_
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00	_
	Ms. Kay Hagan		X Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought		293124.02	Disbursemer 2014 C	nt For:	al —
(8	a) SUBTOTAL of Itemized Independent Expenditures			•	44.70	
(k	b) SUBTOTAL of Unitemized Independent Expenditures	·		·· •		
(0	c) TOTAL Independent Expenditures			·	171171171	
W	Inder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	r authorized				
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 09 /	11 2014	
	Signature					

Schedule E)	· · · · · · · · · · · · · · · · · · ·			PAGE 62 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee ERIC TABARY			Date of	Public Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	9 09 2014
City	State	Zip Code		60.00
METAIRIE	LA	70003		ction ID : c3899bfc-8d13-43bf-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M C	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	113528.87	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee ERIC TABARY	-		M	Public Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	09 09 2014
City	State	Zip Code		2.10
METAIRIE	LA	70003		tion ID : 11e7f40a-7457-4f86-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		9 / 09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	113528.87	Disbursement 2014 Oth	For: Primary General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	res		· [62.10
(b) SUBTOTAL of Unitemized Independent Expend	itures			7 1 7 1 7 1
(c) TOTAL Independent Expenditures			· ·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		11 2014

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 63 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			09 / 09 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	60.00
New Orleans	LA	70131	Transaction ID : fe142110-6fd9-4975-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		113528.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			09 09 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	10.50
New Orleans	LA	70131	Transaction ID : 6fba3683-22af-41e4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	113528.87	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		70.50
(b) CUPTOTAL of the bounded for a second of figure	and the same		
(b) SUBTOTAL of Unitemized Independent Expe	naitures		•
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 11 2014
- 3			

Schedule E)	INT EXI END	TIONES	PAGE 64 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell St			09 09 2014 Amount
			, and an analysis of the second
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID: 04d59c8e-b21c-4017-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	293124.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Misty A Ledford			09 09 / 2014
Mailing Address 44 Bell St			Amount
City	State	Zip Code	25.20
Spruce Pine	NC	28777	Transaction ID : e9d20c9e-ca3b-4585-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	293124.02	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		75.20
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 11 2014
3. 3			

Schedule E)			1101120		PAGE 65 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if 24-hour repo	ort X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Serena A Jone	es	r			of Public Distribution/Dissemination
Mailing Address 7151	Mullins Drive			Amou	09 09 2014
Oir.		Ctata	7:- 0-40		60.00
City Saltville		State VA	Zip Code 24370		60.00 action ID: 378c7534-c163-459d-a of Disbursement or Obligation
Purpose of Expenditur Salary	re		Category/ Type 001		09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Can	didate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			Oppose	Preside	NC NC
Calendar Year-To- Per Election for C			293124.02	Disbursement 2014 Or	t For: Primary X General
Full Name of Payee Serena A Jones Mailing Address 71	51 Mullins Drive				of Public Distribution/Dissemination
	or Manino Divo			Amou	nt
City Saltville		State VA	Zip Code 24370	Transa Date o	27.00 ction ID : ab5de41b-6ae1-48c3-9 of Disbursement or Obligation
Purpose of Expenditure Mileage	re		Category/ Type 002		09 09 2014
Name of Federal Can	didate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent X Senate State: NC
Calendar Year-To Per Election for (293124.02	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Item	nized Independent Expenditu	ures			87.00
(b) SUBTOTAL of Unit	remized Independent Expen	ditures			
(c) TOTAL Independen	nt Expenditures			· [
with, or at the request		date or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emily I	Buchanan	[Electron	nically Filed] Date	e 09	11 2014
Signature					

FEC IDENTIFICATION NUMBER VICTOR Cooperation Coope		Tiedule Ly			FOR SE OF	FORM 24/48
Check if 24-hour report				FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Christine Stevens Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Furnose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Full Name of Payee Jazmine d Conner Mailing Address 100 ASBURY CT City State Zip Code Winchester VA 22602 Transaction ID: 8eb36e26-ect 4.482-a Date of Disbursement or Obligation Date of Rubin Distribution/Dissemination Transaction ID: 8eb36e26-ect 4.482-a Date of Disbursement or Obligation Date of Public Distribution/Dissemination Transaction ID: 8eb36e26-ect 4.482-a Date of Disbursement or Obligation Transaction ID: 8eb36e26-ect 4.482-a Date of Disbursement or Obligation Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Transaction ID: 8eb36e26-ect 4.482-a Date of Disbursement or Obligation Date of Public Distribution/Dissemination Transaction ID: 55dc1c4ef-Ma6-Made-D Date of Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Transaction ID: 55dc1c4ef-Ma6-Made-D Date of Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Diss	۷۷	omen Speak Out PAC		С	C00530766	
Christine Stevens Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Sught Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Mailing Address 100 Asbury Ct Category/ O01 Name of Federal Candidate Per Election for Office Sought Name of Payee Jazmined Conner Mailing Address 100 Asbury Ct City State Zip Code WINCHESTER VA 22602 Date of Public Distribution/Dissemination Tansaction ID : 8eb36e26-ec4f-4482-2 Date of Disbursement or Obligation Peresident Senate State: NC Disbursement For: Primary General Date of Public Distribution/Dissemination Tansaction ID : 55dc1c4-6-146-4bd-0-b Date of Public Dist	Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M	- M	/ D D /	Y I Y I Y
Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Category/ Tansaction ID: \$60.00 Transaction ID	T	Full Name of Payee	Date o	of Pub	lic Distribution	Dissemination
Cily State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledory/ Type Ont Name of Federal Candidate Mailing Address 100 ASBURY CT Cily State Zip Code WiNCHESTER VA 22602 Transaction ID: 8eb36e2e-ac4f-4482-a Date of Disbursement or Chilgation Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jazmine d Conner Mailing Address 100 ASBURY CT City State Zip Code WiNCHESTER VA 22602 Transaction ID: 5eb36e2e-ac4f-4482-a Date of Disbursement or Chilgation Oppose Disbursement For: Primary General Other (specify) P Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Date of Disbursement or Obligation Oppose Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Oppose Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Oppose Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Oppose Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Oppose Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Oppose Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Oppose Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Oppose Transaction ID: 55dc1c48-ib48-bd0-b Date of Disbursement or Obligation Transaction ID: 55dc1c48-ib48-bd0-bd0-b Date of						
Winchester VA 22602 Transaction ID : 8eb35e28-ec4f-4482-a Date of Disbursement or Obligation Disbursement For Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Disbursement Di		Mailing Address 100 Asbury Ct	Amour	nt		
Winchester VA 22602 Transaction ID : 8eb35e28-ec4f-4482-a Date of Disbursement or Obligation Disbursement For Disbursement or Obligation Disbursement or Obligation Disbursement or Obligation Disbursement or Disbursement Di	ŀ	City State Zip Code	Г.			60.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Name of Pederal Candidate Support Calendar Year-To-Date Purpose of Expenditure Salary Name of Payee Date of Public Distribution/Dissemination Og 9 9 2014 Amount City State VA 22602 Purpose of Expenditure Salary Name of Federal Candidate No ASBURY CT Category Name of Federal Candidate Support Office Sought: House District: OO Transaction ID : 55dct c46-rb46-db00-b Date of Disbursement or Obligation Transaction ID : 55dct c46-rb46-db00-b Date of Disbursement or Obligation Og 9 0 2014 Amount Category Og 0 2014 Office Sought: Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC President Senate State: NC Disbursement For: Primary General Category Office Sought: Other (specify) Category Other (specify) Category Office Sought: Other (specify) Inder penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Entity Buchanon [Electronically Filed] Date Office Sought: House District: Other (specify) Category Transaction ID : 55dct c46-rb46-db00-b Date of Disbursement For: Primary Other (specify) Category Othe						6-ec4f-4482-a
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought Full Name of Payee Jazmine d Conner Mailing Address 100 ASBURY CT City State VA 22602 WiNCHESTER VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Electi		Salary Category/ 004	M	- M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jazmine d Conner Mailing Address 100 ASBURY CT City State Zip Code WINCHESTER VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ı	Name of Federal Candidate Support Office	Sought	t:	House	District:00
Per Election for Office Sought Full Name of Payee Jazmine d Conner Mailing Address 100 ASBURY CT City State Zip Code WINCHESTER VA 22602 Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category Sought Category Sought Category Office Soug		Mc Koy Hogon	_		X Senate	State: NC
Full Name of Payee Jazmine d Conner Mailing Address 100 ASBURY CT City State Zip Code WINCHESTER VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Tansaction D: 55dct46-fb46-4b0-b Date of Disbursement or Obligation Tansaction D: 55dct46-fb46-4b0-b Date of Disbursement or Obligation Tansaction D: 55dct46-fb46-4b0-b Date of Disbursement or Obligation To 09 / 09 / 2014 Tansaction D: 55dct46-fb46-4b0-b Date of Disbursement or Obligation To 09 / 09 / 2014 Other of Disbursement For: Primary X General Other (specify) > Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Calcificat Teat to Bate				X General
Mailing Address 100 ASBURY CT	ŀ	Full Name of Payers				/Diagonalisation
Mailing Address 100 ASBURY CT City State Zip Code WINCHESTER VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 293124.02 (a) SUBTOTAL of Itemized Independent Expenditures City State Zip Code Transaction ID : 55dc1c46-fb46-4bd0-b Date of Disbursement or Obligation Ms. Kay Hagan Oppose President Senate State: NC Disbursement For: Primary General 2014 Other (specify) (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			M	- M	/ D D /	Y Y Y Y Y
WINCHESTER VA 22602 Transaction ID: 55dctc46-fb46-4bd0-b Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Category/ Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Ms. Kay Hagan Category/ Ms. Kay Hagan Category/ Ms. Kay Hagan Category/ Ms. Kay Hagan Category/ Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 55dctc46-fb46-4bd0-b Date of Disbursement or Obligation Ms. Sought President Senate State: NC Disbursement For: Primary Cother (specify) 120.00 120.00 Transaction ID: 55dctc46-fb46-4bd0-b Date of Disbursement or Obligation Ms. Enily Buchanan [Electronically Filed] Date Transaction ID: 55dctc46-fb46-4bd0-b Date of Disbursement or Obligation Ms. Sought Post of Disbursement or Obligation Ms. Salary Category/ Type Obligation Ms. Salary Category/ Type Oppose President Senate State: NC Disbursement For: Primary Other (specify) Tothat Independent Expenditures Independent Expenditu	ľ	Mailing Address 100 ASBURY CT			09	2014
Purpose of Expenditure Salary Name of Federal Candidate	-	City State Zip Code	Γ.			60.00
Purpose of Expenditure Salary Category/ Type 001 Mod 09 2014 Name of Federal Candidate Support Office Sought: House District: 00 Mod Note:		WINCHESTER VA 22602				
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 293124.02 Disbursement For: 2014 Other (specify) General Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Other (specify) Cother (specify) (c) TOTAL Independent Expenditures		Salary Category 001	M	- M	/ D D /	Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought 293124.02 Disbursement For: 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
Per Election for Office Sought 293124.02 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	Preside	ent	Senate	State: NC
(c) TOTAL Independent Expenditures		2014				General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTOTAL of Itemized Independent Expenditures		-		120.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures		- 7		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date	(c) TOTAL Independent Expenditures			- 49-	
[Electronically Filed] Date 09 11 2014	٧	vith, or at the request or suggestion of, any candidate or authorized committee or agent of either				
F Bate FF III		[E1 - 4				
		24.0				

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Schedule E)	IVI EXI END	TIONES	PAGE 67 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			09 / 09 / 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID: 434c0ca6-883f-4ee8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	293124.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rodney O Culbreath			09 / 09 / 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID : 597f63b5-beaa-49e4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	293124.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		. ▶ 120.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	DITORIES	PAGE 68 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New r	report Amends report fil	ed on M M / D D / Y Y Y Y Y
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT		09 09 2014
3200 Dam Neck Rd		Amount
City State	Zip Code	60.00
Winchester VA	22602	Transaction ID: cb6b18f6-e733-4b75-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	293124.02 Dis 20	sbursement For: Primary
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination
Molling Address		09 / 09 / 2014
9455 Snow Camp Road		Amount
City State	Zip Code	60.00
Snowcamp NC	27349	Transaction ID: a8b79568-6eae-48ce-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M 09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		120.00
(b) SURTOTAL of Uniterpized Independent Expanditures		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic Signature	ronically Filed] Date	09 11 2014
Signaturo		

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Earl Stewart	09 09 2014
	Mailing Address 9455 Snow Camp Road	Amount
	City State Zip Code	7.20
	Snowcamp NC 27349	Transaction ID : 1f6e3352-ce2a-4ff5-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbrace 293124.02 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Sarinda S Dudley	Date of Public Distribution/Dissemination
	Mailing Address 4367 Splitlog Rd	09 09 2014 Amount
	City State Zip Code	35.00
	Goodman MO 64843	Transaction ID : 2c1e5448-455d-4e15-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	09
	Name of Federal Candidate Support Offic	e Sought: House District:00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	42.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77) () (1 7)(1 17	09 11 2014
	Signature	

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Schedule E)	II EXI END	TIONES	PAGE 70 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination
·			09 / 09 / 2014
Mailing Address 4367 Splitlog Rd			Amount
City	State	Zip Code	27.00
Goodman	МО	64843	Transaction ID: 438548f5-4b90-4b5a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	7	83858.93	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			09
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	90.00
Mt. Airy	NC	27030	Transaction ID: 0882cd4a-3a52-4bf3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	293124.02	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditur	es		. ▶ 117.00
(b) SUBTOTAL of Unitemized Independent Expendent	tures		. •
			4
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 11 2014
olgilatule			

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Ms. Tonya Boyd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd Ame	nount
City State Zip Code	34.95
Mt. Airy NC 27030 Tra	Insaction ID : 9eb7933f-765d-467b-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 09 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Me Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 293124.02	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Dat	
Brandon Wheeler	te of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct	nount
City State Zip Code	50.00
Charolette NC 28215 Tran	nsaction ID: b717cc5c-30d6-45d5-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / 09 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Mark L Pryor Oppose Pres	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	84.95
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y 11 2014
Signature	

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OF

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Brandon Wheeler		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct	Ar	mount
City	ate Zip Code	40.50
Charolette N	C 28215 Tr	ransaction ID: 534ad466-d330-4809-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 09 / 2014
Name of Federal Candidate	Support Office So	ought: House District:00
Mr. Mark L Pryor		esident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	83858.93 Disburser 2014	ment For:
Full Name of Payee Krystal A Wilson	Da	ate of Public Distribution/Dissemination
Mailing Address 448 Judson Dr	Ai	09 09 2014 mount
City Sta	ate Zip Code	22.50
Wake Forest N		ansaction ID: 4695b15a-2bb6-4e41-a ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 09 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	293124.02 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	11 2014
Signature		

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Schedule E)	EXI END	TOTILO		PAGE 73 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends	report filed	I on Mam / Dad / Yayayay
Full Name of Payee Krystal A Wilson				Date of Public Distribution/Dissemination
Mailing Address 448 Judson Dr				09 09 2014 Amount
City	State	Zip Code		3.30
Wake Forest	NC 27587			Transaction ID : 553e4196-8ca2-4a47-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	09 09 / 2014
Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
Ms. Kay Hagan		Oppos		President State: NC
Calendar Year-To-Date Per Election for Office Sought	2	93124.02	Disb 2014	ursement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Jeanne Tribou				09
Mailing Address 22369 Ponderosa Dr.				Amount
City	State	Zip Code		50.00
Mandeville	LA	70471		Transaction ID : 47cfe4d4-4f1a-4c7c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	09 / 09 / 2014
Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppo		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		113528.87	Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.				53.30
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(b) GOD TO THE OF CHIRCHINESS INASPONDENCE EXPONENTIAL				4 1 4 1 0
(c) TOTAL Independent Expenditures			······ •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]		09 11 2014
Signature				

Schedule E)		10.120		PAGE 74 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jeanne Tribou				lic Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.			09	09 / 2014
			Amount	
City State Zip Code				10.80
Mandeville	LA	70471		n ID: b25edfdd-3340-4d5e-9 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	13528.87	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Todd Ellis			Date of Pub	olic Distribution/Dissemination
Marillana Andreana			09	09 2014
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code		80.00
Alexander	AR	72002	Transaction Date of Dis	ID: ea090056-34e6-44eb-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	09 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		83858.93	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent	Evnenditures		, , , , , ,	90.80
(a) CODICINE OF HOMEON HOUSE	Experiancio			30.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		• •	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		2014
Signature		_		

Schedule E)	PAGE 75 OF 75 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed	d on Man / Dad / Yayayay				
Full Name of Payee	Date of Public Distribution/Dissemination				
Todd Ellis	09 09 1 2014				
Mailing Address P.O. Box 712	Amount				
City State Zip Code	15.90				
Alexander AR 72002	Transaction ID: 7f4a1655-9950-4b4d-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002	09 09 / 2014				
Name of Federal Candidate Support Office	e Sought: House District: 00				
Mr. Mark L Pryor Oppose	President State: AR				
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary				
Full Name of Payee	Date of Public Distribution/Dissemination				
Mailing Address					
Mailing Address	Amount				
City State Zip Code					
	Date of Disbursement or Obligation				
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate Support Office	e Sought: House District:				
Oppose	President Senate State:				
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General				
	Other (specify) -				
(a) SUBTOTAL of Itemized Independent Expenditures	15.90				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	5789.10				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CT71 II T71 I7	09 11 2014				
Orginado					